DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 30, 1993

ALL-COUNTY INFORMATION NOTICE NO. 1-45-93

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY GAIN COORDINATORS

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REAS	ON FOR THIS TRANSMITTAL
ſ1	State Law Change
ΪÍ	Federal Law or Regulation
ı J	Change
Γ٦	Court Order or Settlement
ŗj	Agreement
r 1	Clarification Requested by
L J	One or More Counties
[X]	Initiated by CDSS
F3	•••

SUBJECT: REVISED FORM GAIN 61/FSA 108

This letter is to notify you of the revised form GAIN 61/FSA 108 approved by the Federal Office of Management and Budget.

The effective date of the form is October 1, 1993. A camera ready copy is being provided until a supply of the forms can be reproduced.

Several codes have been added to Item 6b Formal Education Level and Item 13(a) Component or Job Entry. Item 18 has been revised. Section III has been revised to add clarification and to aid counties in reporting.

If you have any questions, please contact DeAnna Setzer of the Statistical Services Bureau at (916) 653-4390.

Deputy Director
Administration Division

Enclosure

Send thin inpy to: DEPARTMENT OF SOCIAL SERVICES Statistical Services Bureau 744 P Street, M.S. 12-81 Sacramento, CA 95814

GAIN PROGRAM PARTICIPANT DATA COLLECTION FORM

I. GAIN PARTICIPANT DATA

1.	Sample date (enter the month and year for which the sample was drawn)
2.	GAIN Participant Identifier County AFDC Case Number County Ald Code Serial # Person #
	A. GAIN Participant SSA Number.
3.	Date of birth (month/year)
4.	Sex (enter code: 1 = male 2 = female)
5.	Race (ethnicity)(enter code from instructions)
6.	Formal education level (enter code from instructions)a. b
7.	Literacy assessment (see instructions)a. b. b. lollow-up
	Enter 000 if an initial or follow-up assessment was not completed Write in 3 digit CASAS reading test score
8.	Date of entry into GAIN (month/day/year) (See instructions)
9.	Target group (enter code from instructions).
10.	Program Status (enter code from instructions)
11.	Satisfactory participation (enter code from below)
	1 = satisfactory (attended at least 75% of scheduled hours) 2 = unsatisfactory (attended less than 75% of scheduled hours)
12.	Supportive services amount (see instructions).
13.	Assignment (enter codes from instructions)

COMPONENT	HOURLY	OCCUPATION	SCHEDULED WEEKLY	DATE (N	COMPLETION		
JOB ENTRY 13 a.	WAGE RATE 13 b.	13 c.	HOURS 13 d.	BEGIN 13 e.	END 13 f.	STATUS 13 g.	
		1					
-							

r;-	14. FIPS o	FIPS code (see attachment for County listing)								
	15. Case :	Case status (enter code from instructions)								
	16. Most r	Most recent opening (month/year) See instructions before completing								
	17. Receiv	month year								
	18. Earned									
	19. a. Number of other adults in the AFDC assistance unit									
	c. GAIN identifier number for the second parent								•	
	or other adult participant									
	(Use Al	FDC case nun	nber, as desc			cole uctions for the appropri	Serial ate filing un	-	Person	•
II	III. DEPENDENT CHILDREN AND CHILD CARE ASSISTANCE DATA (Refer to instructions for a detailed explanation of this section) 20. Number of dependent children in AFDC family (filing unit)									
	23. CHILD CARE ASSISTANCE									
						23, CHILD CA	RE ASSIS	TANCE		
	CHILD	22. BIR	THDATE		PRIMA	RY	RE ASSIS	TANCE SECONI		
	CHILD	22. BIR	THDATE YEAR	TYPE 23 a.	PRIMA SOURCE 23 b.	RY IV-A PAYMENT AMOUNT	TYPE	SECON	IV-A PAYMENT AMOUNT	
	CHILD Youngest			1 .	SOURCE	RY IV-A PAYMENT		SECON	IV-A PAYMENT	
				1 .	SOURCE	RY IV-A PAYMENT AMOUNT	TYPE	SECON	IV-A PAYMENT AMOUNT	
	Youngest			1 .	SOURCE	RY IV-A PAYMENT AMOUNT	TYPE	SECON	IV-A PAYMENT AMOUNT	
	Youngest Second			1 .	SOURCE	RY IV-A PAYMENT AMOUNT	TYPE	SECON	IV-A PAYMENT AMOUNT	
	Youngest Second Third Fourth		YEAR	23 a.	SOURCE 23 b.	RY IV-A PAYMENT AMOUNT	TYPE 23 d.	SECONI SOURCE 23 e.	IV-A PAYMENT AMOUNT 23 f.	
;	Youngest Second Third Fourth	MONTH	YEAR	23 a.	SOURCE 23 b.	IRY IV-A PAYMENT AMOUNT 23 c.	TYPE 23 d.	SECONI SOURCE 23 e.	IV-A PAYMENT AMOUNT	
	Youngest Second Third Fourth	MONTH	YEAR	23 a.	SOURCE 23 b.	IV-A PAYMENT AMOUNT 23 c.	TYPE 23 d.	SECONI SOURCE 23 e.	IV-A PAYMENT AMOUNT 23 f.	
:	Youngest Second Third Fourth	MONTH	YEAR	23 a.	SOURCE 23 b.	IRY IV-A PAYMENT AMOUNT 23 c.	TYPE 23 d.	SECONI SOURCE 23 e.	IV-A PAYMENT AMOUNT 23 f.	
	Youngest Second Third Fourth 24. Duratio	MONTH	YEAR	d care ass	SOURCE 23 b.	IV-A PAYMENT AMOUNT 23 c.	TYPE 23 d.	SECONI SOURCE 23 e.	IV-A PAYMENT AMOUNT 23 f.	
	Youngest Second Third Fourth 24. Duratio	MONTH I I I I Transaction	YEAR	d care ass	SOURCE 23 b.	IV-A PAYMENT AMOUNT 23 c.	TYPE 23 d.	SECONI SOURCE 23 e.	IV-A PAYMENT AMOUNT 23 f.	ne

II. AFDC FAMILY (FILING UNIT) DATA

GAIN PROGRAM PARTICIPANT DATA COLLECTION (GAIN 61)

GENERAL INFORMATION AND FORMAT GUIDELINES: The following guidelines provide definitions and instructions for coding and reporting GAIN program participant information. The data collection form is divided into three (3) sections requesting information about the sampled GAIN participant. A participant must be scheduled for at least 1 hour of activity during the sample month. The three sections are (I) GAIN Participant Data, (II) AFDC Family (Filing Unit) Data, and (III) Dependent Children & Child Care Assistance Data. These guidelines are provided to standardize the collection of data about sampled GAIN participants and their families and to support uniformity in reporting this data. Use the following formats for consistency in coding dates and financial information. NOTE: The information requested on GAIN 61 (GAIN Program Participant Data Collection) is for the sample month except where indicated otherwise.

- Rounding Amounts: Any dollar amount \$.50 or more should be rounded up to the next dollar and any amount \$.49 or less should be rounded down to the next dollar. Example: for \$ 350.50 code 0351; for \$350.49 code 0350 (except Hourly Wage code the exact amount, see item 13b).
- Leading Zeroes: When an amount or identification number is less than the spaces provided, enter the amount or number from the right-hand side and fill in the remaining spaces to the left with zeroes.
 Example: for \$ 350.50 code 0351.
- <u>Dates</u>: When coding a calendar date (four or six digit space allocation), enter the two digit codes to specify each period; i.e., month = mm; day = dd; year = yy. In some instances, only the month and year are requested. <u>Example:</u> for October 21,1989, code 102189 or 1089.

Instructions & Definitions

<u>SECTION I. PARTICIPANT DATA:</u> The following group of elements (items 1-13) refer to the individual GAIN participant selected in the sample.

- L SAMPLE DATE: Enter the month and year for which the sample was drawn.
- 2. GAIN PARTICIPANT IDENTIFIER: Enter the County AFDC case number assigned by the County to each GAIN participant.

 The County must maintain a link in its files between the County AFDC case number and the SSN.
- 3. DATE OF BIRTH: Enter the GAIN participant's birthdate.
- 4. SEX (Gender): Enter the one digit code for the sex of the sampled GAIN participant.
- 5. <u>RACE (Ethnicity)</u>: Enter the two digit code for the ethnic origin of the participant. Refer to ACL 90-93 for ethnic origin definitions.

01	White, not of Hispanic origin	11	Korean
02	Hispanic	12	Samoan
03	Black, not of Hispanic origin	13	Asian Indian
04	Other Asian or Pacific Islander	14	Hawaiian
05	American Indian or Alaskan Native	15	Guamanian
07	Filipino	16	Laotian
80	Chinese	17	Vietnamese
09	Cambodian	18	Other (Anyone who does not fit
10	Japanese		categories 01-17)

- 6(a-b) <u>FORMAL EDUCATION LEVEL</u>: Enter the two digit code which represents the highest grade level achieved by the participant from attendance at: (i) an elementary or secondary school as defined under State law; or (ii) an institution of higher education or post-secondary vocational, occupational, trade, or technical school operating legally within a State. <u>Example</u>: If the participant completed the 4th grade, enter 04, or the 12th grade enter 12, etc. NOTE:
 - Attainment of General Education Development certificate (GED) should be coded 13.
 - If the participant has no formal schooling or a follow-up evaluation was not completed, enter 00 in the appropriate boxes on the GAIN 61.
 - (a) <u>Initial</u> information provided at the onset of the GAIN program regarding the highest grade (formal education) achieved by the participant.
 - (b) Follow-up evaluation at any time during or at the completion of a component or activity to determine any changes in grade level.

Codes:

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- 00 No formal schooling/no follow-up evaluation
- 01-12 Grade level completed in primary/secondary school, including secondary level vocational school or adult high school
- 13 Completed GED
- 14 Completed post-secondary vocational/job skills training (e.g., certificate or diploma) that did not award bachelor, master or doctorate degree
- 15 One year of college completed or equivalent of full time attendance in post-secondary degree program
- 16 Two years of college completed or equivalent of full time attendance in post secondary degree program
- 17 Three years of college completed or equivalent of full time attendance in post secondary degree program
- 18 Four years of college completed or equivalent of full time attendance in post secondary degree program
- 19 Awarded associate degree
- 20 Awarded bachelor degree
- 21 Awarded graduate degree (master or higher)
- 22 Other credential (degree, certificate, diploma, etc.)
- 7(a-b) LITERACY ASSESSMENT: Enter the three digit score from the CASAS reading test.
 - (a) Initial assessment of the participant's reading level at the onset of the GAIN program.
 - (b) Follow-up assessment to measure any changes since entry into the GAIN program.
- 8. <u>DATE OF ENTRY INTO GAIN:</u> Enter the six digit code (in the format: mmddyy) for the date on which the individual attended orientation/appraisal or began job search as an applicant.
- 9. <u>TARGET GROUP:</u> Enter the one digit code identifying the target group of which the individual was a member, if any, at the time of entry into GAIN. If the participant could belong in more than one target group, use the code which comes first in the following list of coding options.

Codes:

- 1 Is not a target group member
- 2 -- Is a member of a family in which the youngest child is within 2 years of being ineligible for AFDC because of age
- 3 -- Is a custodial parent under the age of 24 who has not completed a high school education and, at the time of application for AFDC, is not enrolled in high school (or a high school equivalency course of instruction)
- 4 -- Is a custodial parent under the age of 24 who has had little or no work experience in the preceding year
- 5 -- Is an applicant or recipient who has received AFDC for any 36 of the preceding 60 months
- 6 -- Not applicable for California
- 10. GAIN PROGRAM STATUS: Enter the one digit code which indicates the reason the individual is participating in GAIN. Choose the first code which applies.

Codes:

- 1 Exempt (not required to participate in GAIN) but volunteered to participate
- 2 -- Required to participate because the custodial parent is under age 20 and has not completed high school or the equivalent
- 3 Not applicable for California
- 4 Not applicable for California
- 5 -- Non-Exempt participant who volunteered for GAIN prior to receipt of notification requiring participation (Include the second parent in U cases when youngest child is age 3 or over.)
- 6 -- Required to participate and no special circumstances apply; i.e, the individual is a non-exempt participant who did not volunteer (Include the second parent in U cases when youngest child is age 3 or over.)
- 11. <u>SATISFACTORY PARTICIPATION:</u> Enter the one digit code which indicates whether the participant attended at least 75% of the hours scheduled for all component activities in the sample month.
- 12. AMOUNT OF SUPPORTIVE SERVICES: Enter the dollar amount (rounded to the nearest dollar and, if necessary, using leading zeros) expended for actual supportive services (including value of bus passes) other than child care and administrative expenditures for the sample month. Include any expenditures for transportation and ancillary expenses, including one-time, work-related expenses. If a lump sum payment is involved covering more than one month, pro-rate by dividing the total amount by the number of months and record the amount applicable to the sample month. Code "0000" if there were no supportive services paid for the sample month. NOTE: Include only program costs. Administrative costs must be included on the financial management expenditure form.
- 13(a-g) ASSIGNMENT STATUS: The following information details each component/job entry to which the participant was scheduled during the sample month, to include: scheduled hours, beginning and ending dates, occupation, wages and completion status for each GAIN program component/job entry. In the case of job entries, see instructions under 13a regarding how job entries occurring in other than the sample month should be included or excluded from this

report. The beginning date (item 13e) may be prior to the sample month if it refers to a component in which participation is continuing from a previous month. Enter the information for up to three (3) separate GAIN components and employment activities which the participant attended during the sample month.

13(a) Component or Job Entry: Enter the two digit code which designates where the participant was placed or assigned during the sample month. First, list all job/employment information. Second, list component service/activity data by the greatest number of scheduled participation hours. Third, enter the component code only once if the participant is engaged in more than one activity in the same component and enter the total hours of scheduled attendance (under item 13d) for all activities within the same component.

Codes:

- 01 <u>Job Entry:</u> Employment hours may be counted under Item 13(d) in four types of employment situations. All employment hours may be counted if a participant enters employment (1) during the sample month or (2) during the month immediately preceding the sample month provided employment is continued through the sample month. Employment hours may be counted, which do not exceed the number of GAIN participation hours if: (3) a participant enters employment prior to the month immediately preceding the sample month or (4) a person who has been employed begins to participate in GAIN during the sample month. NOTE: Apprenticeship should be coded as regular employment.
- O2 High school (including regular high school, alternative high school, vocational high school); use code 09 for self-initiated high school level vocational education (when an individual was attending before commencing participation in GAIN)
- 03 -- GED (General Educational Development) or other high school equivalency diploma program
- 04 -- Adult basic or remedial education (up to grade 8.9 may include subject areas such as reading, writing, speaking or other basic skills
- 05 ESL (English as a Second Language) program
- 06 -- Post-secondary degree (e.g., associate, bachelor's or master's) or non-degree (e.g., certificate or diploma) program, assigned under GAIN, including degree or non-degree post-secondary vocational education, assigned under GAIN
- 07 Job skills training other than that provided in high school referenced in code 02 above or in a postsecondary vocational program referenced in code 06 above, assigned under GAIN
- Degree (e.g., associate, bachelor's or master's) or non-degree (e.g., certificate or diploma) program self-initiated (before the individual was approved to participate in GAIN) in an institution of higher education defined by Section 481(a) of the Higher Education Act of 1965, as amended, includes post-secondary vocational programs also meeting the definition
- 09 Secondary level (i.e., high school level) vocational education or adult vocational education or training offered by public and private providers, <u>self-initiated</u> (before the individual was approved to participate in GAIN)
- 10 -- Job readiness activities (job club, pre/post assessment)
- 11 -- Receiving job development and/or job placement services
- 12 Assessment, orientation/appraisal
- 13 -- Supervised job search preassessment, all other job search services
- 14 On-the-job training (OJT)-non grant diversion
- 15 -- Work supplementation (OJT- grant diversion, supplemental work-grant diversion, transitional employment-grant diversion)
- 16 -- Short and long-term PREP
- 17 Other work experience (unpaid)
- 18 Other education, training and paid employment activities in approved State plan
- Hourly Wages: If for the sample month there is a GAIN-related job entry, continued employment (as defined in the instructions for 13a), or paid participation in on-the-job training, etc., enter the four digit code (in the format: \$\$ and using leading zeros if necessary) for the hourly wages earned by the participant as a result of GAIN employment. Example: \$7.58 should be coded 0758. If no income was earned through GAIN activity or a job entry for the sample month, leave blank.
- 13(c) Occupation Code: If there is a GAIN-related job entry or continued employment (as defined in the instructions for 13a) for the sample month or paid participation in on-the-job training, etc., enter the two digit occupation code based on occupational groups from the attached summary listings of the U. S. Department of Labor Dictionary of Occupational Codes (Attachment I).
- 13(d) Scheduled Hours: Enter the two digit code for the number of hours scheduled (e.g., 09, 40) per week for each applicable component activity or job entry. <u>NOTE:</u> Enter 00 if item 13a is coded 11. If coded 12, enter assessment hours only.

- 13(e) Beginning Date: Enter the six digit code for each applicable component activity or job entry (using the format: mmddyy) for the beginning date (i.e., first day of scheduled attendance) of each component activity or job entry. This may be a date prior to the sample month.
- 13(f) Ending Date: Enter the six digit code for the ending date (i.e., final day of scheduled attendance) of each applicable component activity or job entry if it ended in the sample month (using the format: mmddyy). If the component activity or job has not ended in the sample month, leave blank,
- 13(g) Completion Status: If a GAIN component or activity ended during the sample month (item 13f), enter the one digit code indicating the reason for the completion or termination of the activity. If not applicable, leave blank.
 - 1 -- Completed training or educational activity as defined by the facility providing the service, i.e., passed examinations, earned a certificate, demonstrated adequate proficiency in area of study or training, earned ESL or GED certification, received union card, met licensing requirements, etc.
 - 2 Assigned to another GAIN component or achieved job entry. <u>Example:</u> The participant completed a given component (as listed under Item 13a) and is undertaking a new component in the GAIN program.
 - 3 -- Lost child care

Codes:

- 4 -- Lost means of transportation
- 5 Incomplete activity because of own illness, physical incapacity, or injury
- 6 Did not complete activity because of substance abuse or dependence
- 7 Did not complete activity because of illness of dependent child or other dependent person requiring the participant's care
- 8 -- Moved to another State or within the same State to an area where cost reduction is in effect
- 9 -- Ended activity for reasons other than those above or dropped out of activity without explanation

SECTION II. AFDC FAMILY (FILING UNIT) DATA: The following group of elements (items 14 - 19) refer to information about the AFDC family (filing unit) of which the sampled GAIN participant is a member. Information regarding other adults in the family unit is also included.

- 14(a-b) FEDERAL INFORMATION PROCESSING STANDARDS (FIPS) CODE: See Attachment II.
- 15. AFDC CASE STATUS: Enter the one digit code which designates the sampled GAIN participant's AFDC family status. Codes:
 - 1 -- AFDC applicant
 - 2 -- Receiving AFDC-Basic (FG)
 - 3 -- Receiving AFDC-UP (U)
 - 4 -- Not applicable for California
 - 5 No longer receiving AFDC as a result of increased hours of, or increased income from, employment or the loss of income disregards due to the time limitations. (This category is for individuals in a GAIN work program, such as OJT or job entry, where the earned income is sufficient to be no longer receiving AFDC.)
- 16. <u>DATE OF MOST RECENT AFDC OPENING:</u> Enter the four digit code (in the format: mmyy) for the payment month for which the first money payment was made under the most recent AFDC case opening. Payment lapses of one payment month (or less) must be ignored. For AFDC applicants with a previous history of AFDC, code the date of most recent closing. Enter "0000" for AFDC applicants with no previous history of AFDC receipt.
- 17. <u>RECEIPT OF CHILD SUPPORT:</u> Enter the one digit code to indicate whether or not the AFDC filing unit received child support for the sample month.
- 18. <u>EARNED INCOME</u>: Enter the one digit code which indicates if gross earned income was reported by the AFDC filing unit for the sample month. <u>NOTE</u>: Do <u>not</u> include any earnings resulting from GAIN-related employment, OJT, etc.

 Codes: 1 = Yes: 2 = No
- 19(a-c) OTHER ADULT MEMBERS IN THE AFDC ASSISTANCE UNIT: The following information is about the other adults in the sampled participant's AFDC assistance unit. The term "adult recipient" in the case means an individual other than a dependent child (unless such dependent child is the custodial parent of another dependent child) whose needs are met (in whole or in part) with payments of aid to families with dependent children and who is included in the filing unit.
 - 19(a) Other Adults in AFDC Assistance Unit: Enter the number of adults (other than the sampled participant) in the same AFDC assistance unit as the sampled GAIN participant. NOTE: If there are no other adults, enter O and go to Section III.
 - 19(b) Other Adults Participating in GAIN: Enter the number of other adults in the sampled participant's assistance unit who are participating in the GAIN program. <u>NOTE</u>: If there are no other adults participating in the GAIN Program, enter O and go to Section III.

19(c) GAIN Identifier Number (Second Parent or Other Adult Participant): Enter the GAIN identifier number for only one other adult in the family (filing unit) who is participating in the GAIN program (item 19b). NOTE: If item 15,

AFDC Case Status, equals 3 code the second parent; if not, code another adult participant in the family unit. SECTION III DEPENDENT CHILDREN & CHILD CARE ASSISTANCE DATA: Title IV-A child care is available to dependent children in the Assistance Unit or receiving SSI benefits or foster care under Title IV-E and who are under age 13; or who are physically or mentally incapable of caring for themselves, under court supervision to the extent that such care is necessary to permit an AFDC eligible family member to participate in the GAIN program.

This section collects data on the child's date of birth, the type of child care provided, the source of the funding for the child care assistance, and, for Title IV-A GAIN child care, the amount of child care assistance provided. Child care data for items 22 and 23 should be coded for a maximum of four dependent children who receive child care assistance (paid or unpaid). Payment amounts (item 23 c/f) should be coded only for children assisted with IV-A funds (including the amount of the IV-A earned income disregard). For IV-A funded child care for which no payment was made in the sample month, leave the IV-A payment amount (item 23 cft) blank. For child care paid by other funding sources at no cost to the IV-A agency (refer to codes 3-11 for item 23 b/e), leave items 23 c/f blank.

- NUMBER OF DEPENDENT CHILDREN IN AFDC FAMILY (FILING UNIT): Enter the number of dependent children in the 20. family unit. (If the number is 9 or greater, enter 9) NOTE: A teenager could be a GAIN participant and a dependent child in the AFDC assistance unit. If the sampled GAIN participant is a teenager, record child care assistance data for the teen parent's dependent children rather than the children of other adults in the AFDC assistance unit. Code 0-9 for the number of dependent children of the teen GAIN participant and code items 21, 22, and 23 appropriately for
- NUMBER OF DEPENDENT CHILDREN RECEIVING CHILD CARE: Enter the number of dependent children that are 21. receiving (paid or unpaid) child care in the sample month. This includes children receiving Title IV-E (Foster Care) and SSI who would otherwise be dependent children. If the number is 9 or greater, enter 9. If no child care services are provided in the sample month but a IV-A payment is made for one or more children, code 0 for this item. Leave items 23 a/d and 23b/e blank and code the IV-A payment amount in item 23c/f. NOTE: The number of dependent children receiving child care may be greater than the number of children coded in item 22 if the number of eligible children
- DEPENDENT CHILDREN'S DATES OF BIRTH: Enter the four digit date of birth for up to four (4) dependent children. 22. Record the information for the youngest child in the unit first, then list up to three additional children in the following order: (i) those who are receiving child care paid (in full or in part) by IV-A, (ii) those who are receiving child care at no cost to IV-A, and (iii) those who are not receiving child care. Note: Must be equal to the number of children in Item 20 unless Item 20 is greater than 4.
- CHILD CARE ASSISTANCE (Primary: 23a-c/Secondary: 23d-f): Child care is provided to families receiving AFDC to 23(a-f) allow participation in the GAIN program. Record child care assistance information for the sample month for each child listed under item 22. Enter the child care provided for the greatest number of hours under Primary (items 23a-c) and the next highest number of child care hours under Secondary (items 23d-f). The type of child care and funding source should be coded (items 23 a/d and 23 b/e) for all dependent children receiving child care assistance (paid or unpaid) in the sample month regardless of whether a IV-A payment or payment from another funding source is made in the sample month. Code "0000" for items 23 c/f when a IV-A payment is not also made in the sample month. If no child care services are provided in the sample month but a IV-A payment is made for one or more children, leave items 23 a/d and 23 b/e blank and code the IV-A payment amount in item 23c/f. NOTE: While IV-A payments for child care provided by parents, legal guardians, or members of the assistance unit are not permitted, such care should be coded under item 23a/d codes 2 or 4.
 - 23(a/d) Type of Child Care: Enter the primary and the secondary one digit code for each child receiving child care listed under item 22. The following codes specify who cared for the child and where such care took place during the sample month.

Relative - Relative care is provided during a portion of the 24 hour day by a relative other than the child's own parents or a person(s) who normally takes care of the child, i.e., the guardian.

Non-Relative - Non-relative care is provided by a person not related to the child.

Codes:

Center Care - A licensed child care center is licensed to care for groups of more than twelve children in non-1. residential facilities. Staff must meet educational requirements and maintain specified adult/child ratios. The facility must meet building, fire and zoning codes. Child care provided by a facility exempt from licensure that is operated on school grounds by public employees (such as a before and after school program, should also be included in this section).

- Outside Child's Home by Relative Care is provided by a license exempt relative/caregiver in the caregiver's own home or in a facility exempt from licensure.
- 3. Family Day Care/Outside Child's Home by Non-Relative This includes: A small family day care home that cares for up to six children in a private residence other than the child's own home.

A large family day care home cares for twelve or fewer children in a private residence other than the child's own home, has a fire clearance, and an assistant who is at least 18 years of age.

If the care is provided by a license exempt non-relative outside the child's home, they may care for the children of only one family in addition to his/her own children, care for the child in the caregiver's home, or in a facility exempt from licensure.

- 4. In Child's Home by Relative Child care is provided by an exempt relative/caregiver in the child's own home.
- In Child's Home by Non-Relative Child care is provided by an exempt non-relative/caregiver in the child's own home.
- 6. Unknown
- 23(b/e) Source of Child Care Funding: Enter the one digit code identifying the Primary and Secondary IV-A or other agency (funding resource) which provided the child care specified in item 23a/d for each child receiving child care listed under item 22. If not applicable, leave blank.

Child Care Cost to IV-A

Codes:

- 1 Child care funded by IV-A payments other than earned income disregard, including IV-A paid relative care.
- 2 Child care funded through the IV-A earned income disregard for working recipients only

Care at No Cost to IV-A

Codes:

- 3 -- A relative
- 4 -- Head Start
- 5 Chapter I of the Education Consolidation and Improvement Act of 1981, State, and/or local public and/or private education agencies at no cost to IV-A <u>Example</u>: general child care programs, State-preschool, campus child care programs, etc.
- 6 -- Child care through Social Services Block Grant (Title XX)
- 7 -- Child Care and Development Block Grant (CCDBG)
- 8 Other Federal sources
- 9 -- State or local public funding
- 10 Private funding including employer
- 11 -- Unknown
- 23(c/f) Amount Or IV-A Child Care Payment: Enter the total dollar amount paid under IV-A during the sample month for each type of child care. This payment amount may represent one or more months of care assistance provided prior to and/or including the sample month. The total amount should include Federal, State and locally funded amounts. Include the amount of the AFDC child care disregard. For calculating IV-A expenditures when the child care disregard is used, the total amount of the earned income disregarded for child care plus any supplemental payments, should be reported rather than the net impact on the AFDC grant. If no IV-A funds were expended for child care assistance, enter "0000". Round to the nearest dollar and use leading zeros as necessary.
- 24(a-b) <u>DURATION OF IV-A-FUNDED CHILD CARE ASSISTANCE</u>: This item applies to any and all children in the filing unit who are receiving IV-A funded child care -- <u>not</u> only those children listed under item 22.
 - (a) Began Child Care: Enter the six digit code (in the format: mmddyy) for the date after the family entered the GAIN program on which any IV-A paid child care assistance began for any child in the AFDC filing unit (i.e., began for the first child who received any IV-A paid child care, including the IV-A earned income disregard). The beginning date may be prior to the sample month. If not applicable, enter "000000".
 - (b) Stopped or Ended Child Care: Enter the six digit code (in the format: mmddyy) for the date on which all IV-A paid child care assistance stopped or ended for all children in the AFDC filing unit (i.e., the last day of care for the last child receiving IV-A paid child care, including the IV-A earned income disregard). If any IV-A paid care was continuing up to and through the sample month, enter "000000".
- 25. <u>Data Transaction Type</u>: STATE USE ONLY: This item applies only to retransmitted records.

ATTACHMENT I SUMMARY LISTING OF OCCUPATIONAL CATEGORIES, DIVISIONS, AND GROUPS

Processing Occupations

Occupational Categories

Occupations in processing of metal Correctioning and foundry occupations Occupations in processing of food, tobacce, and related products Occupations in processing of petroleum, coal, natural and manufactured gas, and related products Occupations in processing of petroleum, coal, natural and manufactured gas, and related products Occupations in processing of chemicals, plastics, synthetics, rubber, paint, and related products Occupations in processing of sone, clay, glass and related products Occupations in processing of stone, clay, glass and related products Occupations in processing of leather, textiles, and related products Processing occupations, in e.c.	Metal machining occupations 61 Metal machining occupations, n. e. c. 62/63 Mechanics and machining repairers 62 Mood machining occupations 63 Wood machining occupations 64 Wood machining occupations 65 Wood machining occupations 66 Wood machining storie, clay, glass, and related materials 7 Textile occupations 68 Textile occupations 69 Machine trades occupations, n.e.c.	Benetwork Operations Occupations in fabrication, assembly, and repair of metal products, n.e.c. Occupations in fabrication and repair of scientific, medical photographic, optical, horological, and related products Occupations in assembly and repair of electronic equipment assorted materials Occupations in fabrication and repair of products made from assorted materials Painting, decorating, and related occupations Occupations in fabrication and repair of plastics, synthetics, rubber, and related products Occupations in fabrication and repair of sand, store, clay, and glass products Occupations in fabrication and repair of textile, leather, and related products Occupations in fabrication and repair of textile, leather, and related products Occupations in fabrication are repair of textile, leather, and related products	Structural Work Occupations 90 Occupations in metal fabricating n.e.c. 81 Welders, cutters, and related occupations 82 Electrical assembling, installing, and repairing occupations 83 Painting, plastering waterproofing, cementing, and related occupations 84 Painting, plastering waterproofing, cementing, and related occupations 85 Excavating, grading, pawing, and related occupations 86 Construction occupations, n.e.c. 89 Structural work occupations, n.e.c. 90 Motor freight occupations 91 Transportation occupations, n.e.c. 92 Packaging and materials handling occupations 93 Occupations in production and distribution of utilities 94 Amusement, recreation, motion picture, radio and television occupations, n.e.c. 95 Occupations in graphic art work
0/1 Professional, technical, and managerial occupations 50 2 Circleal and sales occupations 51 3 Service occupations 52 4 Agricultural, Shery, forestry, and related occupations 54 5 Processing occupations 54 6 Machine trades occupations 55 7 Benchwork occupations 55 8 Structural work occupations 57 9 Miscellaneous occupations 58 TWO-DIGIT OCCUPATIONAL DIVISIONS 59 Professional Tachnerial and Managerial Designations 59	surveying cnces sciences sciences	Clerical and Sales Occupations 20. Sterography, typing, filing, and related occupations 21. Computing and account-recording occupations 22. Production and stock efferts and related occupations 23. Information and message distribution occupations 24. Miscellaneous clerical occupations 25. Sales occupations, services 26. Sales occupations, commodities 27. Sales occupations, commodities 28. Sales occupations, commodities 29. Miscellaneous sales occupations	Service Occupations 30 Domestic service occupations 31 Food and beverage preparation and service occupations 32 Lodging and related service occupations 33 Barbering, cosmetology, and related service occupations 34 Annusement and recreation service occupations 35 Mescellancous personal service occupations 36 Apparel and furnishings service occupations 37 Protective service occupations 38 Building and related service occupations 40 Plant farming occupations 41 Annual farming occupations 42 Miscellancous agricultural and related occupations 43 Miscellancous agricultural and related occupations 44 Fishery and related occupations 45 Forestry occupations 46 Hunting, trapping, and related occupations 47 Fishery and related occupations 48 Fishery and related occupations 49 Forestry occupations 40 Hunting, trapping, and related occupations 41 Hunting, trapping, and related occupations

County	FIPS	County	FIPS
Name	Code	Name	Code
Alameda	001	Orange	059
Alpine	003	Placer	061
Amador	005	Plumas	063
Butte	007	Riverside	065
0-1	000	C	067
Calaveras	009	Sacramento	069
Colusa	011	San Benito	000
Contra Costa	013	San Bernardino	071
Del Norte	015	San Diego	073
El Dorado	017	San Francisco	075
Fresno	019	San Joaquin	077
Glenn	021	San Luis Obispo	079
Humboldt	023	San Mateo	081
Imperial	025	Santa Barbara	083
Inyo	027	Santa Clara	085
Kern	029	Santa Cruz	087
Kings	031	Shasta	089
Lake	033	Sierra	091
Lassen	035	Siskiyou	093
Los Angeles	037	Solano	095
Madera	039	Sonoma	097
Marin	041	Stanislaus	099
Mariposa	043	Sutter	101
Mendocino	045	Tehama	103
Merced	047	Trinity	105
Modoc	049	Tulare	107
Mono	051	Tuolumne	109
Monterey	053	Ventura	111
Napa	055	Yolo	113
нара	000	1010	113
Nevada	057	Yuba	115